

Annex 2 - Notarized Application Form

APPLICATION FOR AUTHORITY TO CONDUCT SOLICITATION/FUND RAISING CAMPAIGN

				Date:			
Type of Application:			Regulai	-	□Е	mergency	
	New Application: New Application Renewal (pls. indicate previous issued permit No. and Date)		Govern Cer	pplicant: ment Agency ntral Office ached Agency gional Office		GOCC State Colleges LGUs	Universities
	ope/Coverage: National Regional (more than one (1) City/municipality/province)		NGO/C based Groups SWDA Person	SO/Faith- organization	/		
Met	hodology to be used:						
	entifying Information Name of Person/Corporation/ Organization/ Association/Groups		2.	Address:			
3.	Agency Head (If applicable)		4.	Position Title/	Desigi	nation	
5.	Telephone/Cell phone/Fax Numbers		6.	E-mail Address			
7.	7. Registration/Permit No: 71.SEC/CDA (or other applicable Government Registration) No:			Date of Issua 8.1 SEC/CI Governme	DA (d	or other	applicable
	7.2. DSWD Registration/License N	No.		8.2. DSWD R	Registra	ation/Licer	nse Issued



II. Project Proposal (Please attached accomplished Annex 5 - Project Proposal)

Note: Please use additional sheet/s, if necessary.

III. Attestation, Affirmation and Consent

criminal action, do hereby:

I, in my personal capacity desiring to solicit funds, and as required by Presidential Decree No. 1564 or the "Solicitation Permit Law", applies for the required solicitation permit. And, under pain of civil and/or criminal action, do hereby:
I/We, as representative/s of an organization/agency desiring to solicit funds, and as required by Presidential Decree No. 1564 or the "Solicitation Permit Law", applies for the required solicitation permit. And, under pain of civil and/or

- Attest for my/our organization/agency's integrity, and capability to conduct solicitation/fund raising activity, commitment to the rule of law, and support to the Money Laundering and Terrorism Financing Prevention Program (MLTFPP) of the government and non-support or connection to any actions/activities against the government per Republic Act No. 11479 or the "Anti-Terrorism Act of 2020" by ensuring that solicited funds are properly managed and utilized.
- Affirm that all information indicated on this application form and its supporting documents are completely true, correct, and devoid of any misrepresentation. The DSWD Standards Bureau/DSWD Field Office Standards Section shall validate the same. Once found that any information is found fraudulent, solicitation permit issued to me/our organization will be at once canceled and I/we will not be able to apply for the same in the future.
- Acknowledge that the DSWD Standards Bureau/DSWD Field Office Standards Section, shall conduct monitoring and auditing of my/our public solicitation activities, and implementation of program/project/services to beneficiaries for the utilization of solicited funds, thus hereby bind myself/ourselves to extend full cooperation thereto; and,
- Consent to the use, promotion or otherwise posting by the DSWD of all relevant information on the solicitation efforts, implementation of programs/projects/services and/or its progress, for purposes of transparency and accountability to encourage similar efforts from the public.
- Providing of information in this form is voluntary given and that failure in my/our part to provide the information requested may cause delays in processing the permit and/or may result in refusal/denial of issuance of the Solicitation Permit.

AFFIANT –		Signature	
Authorized		Name	
Representative		Position/Designation	
Date Executed			
Place Executed			

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

Doc no.	Signature	
Page no.	Name of Notary Public	
Book no.	Address	
Series of	Commission valid until	